

# Pharmacist's Report to Nebraska Parkinson's Disease Registry

## Patient Information

Patient Name \_\_\_\_\_ SSN \_\_\_\_\_  
 Last Name, First Name Middle Initial  
 Patient Address \_\_\_\_\_ \*Gender M F \*Date of Birth \_\_/\_\_/\_\_\_\_  
 Street, Unit Number City State Zip Code (Circle One)

## Physician Information

Physician Name \_\_\_\_\_  
 Last Name, First Name Middle Initial  
 Physician Address \_\_\_\_\_  
 Street, Unit Number City State Zip Code

## Pharmacy Information

Pharmacy Name \_\_\_\_\_ Pharmacy Phone Number(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
 Area Code  
 Pharmacy Address \_\_\_\_\_  
 Street, Unit Number City State Zip Code

\*Check here if you **definitely** know that this prescription is **NOT** for Parkinson's Disease \_\_\_\_\_

\*Optional

*Thank you for your assistance in fulfilling the Public Health mission of Nebraska Revised Statute 81-697 to 81-6,110.*

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## Instructions for Completing Form PHARMPDR.FRM

### What is to be reported on this form:

Pursuant to Nebraska Revised Statute 81-697 to 81-6,110 the following drugs which, if dispensed in any combination or in any generic form, require reporting using this form to the Nebraska Health & Human Services Regulation and Licensure:

***carbidopa/levodopa entacapone pergolide pramipexole ropinirole selegiline Stalevo tolcapone***

For each individual for whom you fill a prescription for the above drugs, you are asked to complete this form. You need only report an individual once; however, if it is easier, you may send the information each time the drug is dispensed.

### Who is to report on this form:

Nebraska Revised Statute 81-697 to 81-6,110 requires physicians and pharmacists to report information to the Department regarding individuals diagnosed with Parkinson's Disease.

***This form is for use by pharmacists only.***

Physicians are to report using form PHYPDR.FRM. These forms may be requested by contacting the Data Management Section at (402)471-8582.

### When reports are to be submitted:

Reports for prescriptions dispensed from January through June are to be submitted no later than July 31 of the same year. Reports for prescriptions dispensed from July through December are to be submitted no later than January 31 of the following year. Monthly reporting is preferred.

### Where reports are to be submitted:

***Jill Krause  
Data Management Section  
Nebraska Health & Human Services Regulation and Licensure  
P.O. Box 95007  
Lincoln, NE 68509-5007***

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